



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 23, 2009

Richard Dillen
Howco Environmental Services
3701 Central Ave
Saint Petersburg, FL 33713- 8338

BE IT KNOWN THAT

Howco Environmental Services
2650A Edison Ave
Fort Myers, FL 33916- 5306

IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Filter Transporter, Filter Transfer Facility

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C.)
The Department of Environmental Protection hereby issues
Registration Number **FL0001000611** on April 23, 2009

This registration will expire on 06/30/2010

This certificate documents receipt of your annual registration and annual report. It shall be displayed in a prominent place at your facility. This certificate and your cancelled check are your receipts.

Richard C. Neves
Environmental Specialist III
Hazardous Waste Regulation Permitting



February 16, 2009

EPA ID Notification Coordinator
Hazardous Waste Regulation Section, MS 4560
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32390-2400

RE: Annual Used Oil and Used Oil Filter Report

To whom it may concern:

Enclosed please find the Used Oil Renewal Registration for our St. Petersburg, Ft. Myers, Astor and Jacksonville facilities.

Also enclosed you will find a \$200.00 check to cover the \$ 100.00 registration fees for the Ft. Myers and Jacksonville locations mentioned above, a statement concerning PCW and a copy of the Certificate of Liability Insurance Used Oil Transporters.

If you have any questions or need additional information, please call me at tel. 727-328-7403.

Sincerely,

Richard Dillen
Quality Assurance Officer

	Initials _____
	Date _____

Cc: File, w/ attachments



RECEIVED

MAR 03 2009

BY: BSHW

February 16, 2009

Used Oil Coordinator, MS4555
Department of Environmental Protection
2600 Blair Stone Rd.
Tallahassee, FL 32399-2400

To whom it may concern:

This letter is intended to respond to HOWCO Environmental Services' requirement to file an annual report on PCW activity by the company. The PCW is accumulated and processed at our St. Petersburg facility. Our process is thermal and therefore recovers the majority if not all product present in PCW streams collected and brought to our facility.

For calendar year 2008 HOWCO Environmental Services collected **37,406 gallons of PCW**. HOWCO recovered approximately **1,870 gallons of product** that was blended into our #5 fuel oil.

We trust that this letter will answer any questions regarding PCW activity by HOWCO Environmental Services. If we can be of further assistance please do not hesitate to contact us at (727) 327-8467.

Sincerely,

Richard Dillen
Quality Assurance Officer
HOWCO Environmental

Cc: Mr. Jim Dregne, FDEP-Tampa
File



**8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY**

DEP Waste Management Division-HWRS, MS4560

2600 Blair Stone Rd. Tallahassee, FL 32399-2400

(850) 245-8772

Date Received

(for FDEP Official Use Only)

EPA ID

F L D 0 0 1 0 0 0 6 1 1

MTS

RCRAInfo

1. Reason for
Submittal

Mark 'X' in
correct box:

- ☐ To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☒ To provide **subsequent notification** (to update status and facility identification information).
- ☐ Is this the **final notification** (see instructions) for the facility?

2. Facility or
Business Name

Hagan Holding Company, d/b/a/ HOWCO Env. Services

FEID No.

59-2613-500

3. Facility Operator
(List additional
Operators in the
comments section).

Name of Operator:

HOWCO Environmental Services

☐ New Operator

Date became Operator: ____/____/____
mm dd yy

Street or P.O. Box:

3701 Central Avenue

Phone Number: (727)-327-8467

City or Town:

Saint Petersburg

State:

FL

Zip Code:

33713

Operator Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical
Location
Information

Physical Street Address:

2650 Edison Avenue

City or Town:

Fort Myers

State:

FL

Zip Code:

33916

County:

Lee

If available, please attach a map or sketch of the facility boundaries.

Latitude:

26

38

01

8

Longitude:

81

51

34

5

Method:

dd

mm

ss

ssss

dd

mm

ss

ssss

Datum:

5. Facility North American Industry
Classification System (NAICS)
Code(s)

A.

324110

B.

C.

D.

6. Facility or
Business Mailing
Address

Street Address or P.O. Box:

3701 Central Avenue

City or Town:

Saint Petersburg

State:

FL

Zip Code:

33713

7. Facility or
Business Contact
Person

First Name:

Tim

Last Name:

Hagan

Title:

C.E.O.

Phone Number:

(727)-327-8467

Extension:

E-Mail:

thagan@howcousa.com

Street or P.O. Box:

3701 Central Avenue

City or Town:

Saint Petersburg

State:

FL

Zip Code:

33713

8. Real Property
(Land) Owner
of the Facility's
Physical Location
(List additional
real property owners
in the comments
section.)

Name of Real Property (Land) Owner:

Bruce Ryan

☐ New Owner

Date became Owner: ____/____/____
mm dd yy

Street or P.O. Box:

2650 Edison Avenue

Phone Number: (239)-334-1351

City or Town:

Fort Myers

State:

FL

Zip Code:

33916

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- ☐ a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☐ b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☐ c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.

(2) Treater, Storer, or Disposer of Hazardous Waste

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) Recycler of Hazardous Waste (at your facility)Specify: ☐ Commercial; ☐ Non-Commercial.

A permit is required for storage prior to recycling.

(4) Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.**(6) Underground Injection Control** - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.**(7) Transporter of Hazardous Waste** [Note: A Certificate of Liability Insurance is required along with this registration.]
Registration must be renewed annually. ☐ a. For own waste only ☐ b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**

Insurance Company _____

Address _____

Contact _____

Telephone _____

Policy Number _____

Expiration date _____

d. **Transportation Mode** ☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other - specify _____e. ☐ **Hazardous Waste Transfer Facility:** Storage Volume _____☐ **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- ☐ **Notification of changes in above items**
- ☐ **Annual update notification**

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(3) Mercury Recovery and/or Reclamation Facility☐

Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

(4) Reverse Distributor of UW☐

Pharmaceuticals

☐

Lamps

☐

Devices

☐**(5) Destination Facility for UW**☐

Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:**(1) Used Oil Transporter - indicate type(s) of activity(ies):**

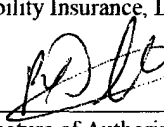
- ☒ a. Transporter
- ☒ b. Transfer Facility

(2) ☒ Collection Center**(3) ☐ Used Oil Processor** (A permit is required for this activity.)**(4) ☐ Off-Specification Used Oil Burner****(5) ☐ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☒ a. Transporter
- ☒ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.


Signature of Authorized Person

Richard Dillen

Print Name of Authorized Person

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☒ A check is enclosed.

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- ☒ Our mailing (business) address
- ☐ The site (facility) address

EPA ID No.

FLD001000611

D. Other State Regulated Waste Activities:☒ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☐ (3) Other (explain) _____

B. Facility Closed


- ☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact _____ Phone _____

Address _____

City, State, Zip _____

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection****12. Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
	Richard Dillen, Q.A.O.	02-16-2009

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

Richard Dillen

(727)-328-7403

rdillen@howcousa.com

(Name of person completing this form)

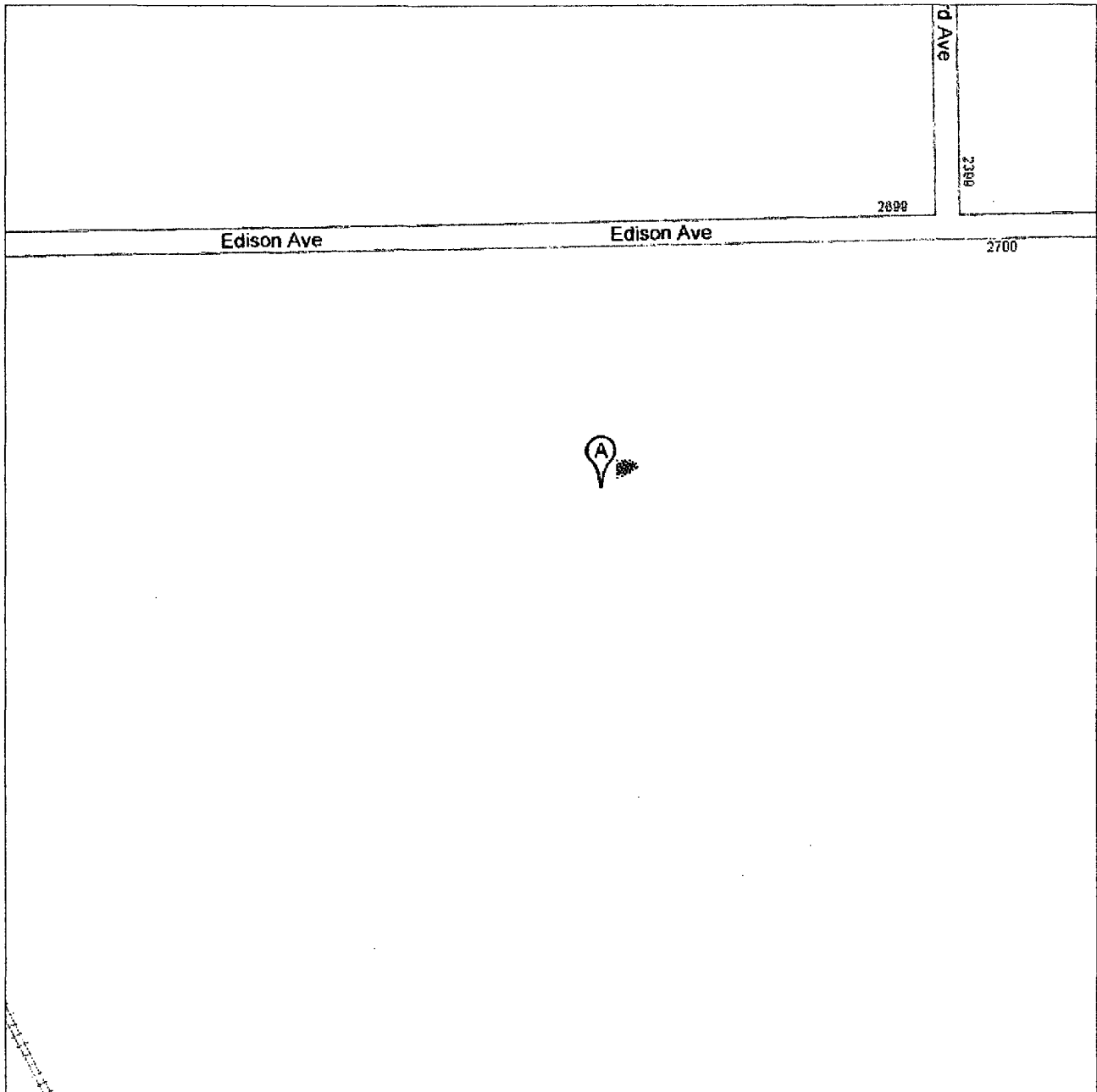
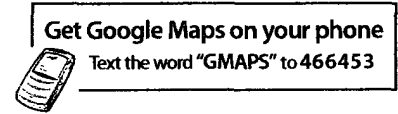
(Phone Number)

(E-mail Address)

13. Comments:

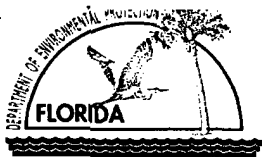


Address **2650 Edison Ave**
Fort Myers, FL 33916





Poor Original



Department of Environmental Protection

FDEP, MS 4555, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)
Form Title Annual Report by Used Oil
and Used Oil Filter Handlers
Effective Date June 9, 2005

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. [See Section A, Box 5 below])
for reporting period January 1, 2008 through December 31, 2008

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: HOWCO ENVIRONMENTAL SERVICES 2. Telephone No. (727) 327-8467

Site Address: 2650 EDISON AVENUE

FT. MYERS, FL 33916 3. EPA ID No. FLD 001 000 611

o Check box if any of the above items (1-3) have changed since your last registration

4. Name of person preparing report (please print) RICHARD DILLEN

Title QUALITY ASSURANCE OFFICER Phone number (if different from #2, above) (727) 328-7403

5. Type of operation (check as many as apply to your operations)

Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor ☐ Marketer

☐ Burner (of off-specification used oil)

Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected

a. In Florida.....

b. From out of state.....

c. Beginning Inventory.....

d. Total (sum of totals from Lines a + b + c).....

Automotive	Industrial	Mixed	Total

2. Amount (in gallons) of Used Oil and Oily Wastes Managed

N - Not an end use, transferred to another facility for storage or processing.....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel

D - Disposed of

Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated.....

3. Total amount (in gallons) of used oil managed.....

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....

In State	Out of State

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year.....
2. Number of used oil filters collected.....
3. Total number of used oil filters to manage (1 plus 2).....
4. Disposition of used oil filters collected:
 - a. Transferred to another registered facility.....
 - b. Burned for energy recovery at a Waste-To-Energy facility.....
 - c. Transferred directly to a metal foundry for recycling.....
 - d. TOTAL.....
5. End of year, on had estimate (Difference between Lines 3 and Line 4d).....
6. Gallons of used oil collected as a result of filter processing.....
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....
8. Volume of oily waste collected and managed as a result of filter processing.....
9. Description of oily waste management.....

DIRECTIONS FOR SECTION C

Conversion Table

One 55 -gallon drum of crushed used oil filters = approximately 400 used oil filters
One 55 gallon drum of uncrushed used oil filters = approximately 250 used oil filters
One ton of drained used oil filters = approximately 2,350 used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d .
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: sebrina.bolton@dep.state.fl.us, OR Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us



Department of Environmental Protection

FDEP MS 4555 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.601(4)
Form Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 9, 2005

RECEIVED

MAR 03 2009

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. Commerce & Industry Ins. Co. (the Insurer), 70 Pine St., New York, NY 10270
(Name of the Insurer) (Address of the Insurer)
Hagan Holding Company dba:
hereby certifies that it has issued liability insurance to: Howco Environmental Services (the Insured),
(Name of the Insured)
3701 Central Avenue St. Petersburg FL 33713
(Address of the Insured) whose EPA Identification number is 152764767

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(d). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000 less the deductible or retention of \$ 0 for each accident exclusive of legal defense costs. If a deductible or retention is applied, its amount may not exceed 10% of the equity of the Insured.

This coverage is provided under policy number CA5677907 issued on 7-2-2008
(Date)

The expiration date of said policy is 7-2-2009 or the annual renewal date is _____
(Date) (Date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under this policy.
- The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurer.
- Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- Cancellation of the insurance, whether by the Insurer or the Insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- The Insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States, including Florida.

Patricia Lane Schmaltz
(Signature of Insurer or Authorized Representative)

Authorized Representative of

Patricia Lane Schmaltz
(Type Name) Manager, Environmental Practice Group
Lassiter Ware Insurance
(Title)

Commerce & Industry Ins. Co.
(Name of Insurer)
4401 W. Kennedy Blvd., Ste. 200
(Address of Representative)
Tampa, FL 33609

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/09/2008PRODUCER (813)282-1965 FAX (888)883-8680
Lassiter-Ware Insurance
4401 W. Kennedy Blvd.
Suite 200
Tampa, FL 33609

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED **Hagan Holding Company**
DBA: Howco Environmental Services
3701 Central Avenue
St Petersburg, FL 33713

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: **American Int'l Specialty Lines**

26883

INSURER B: **Commerce & Industry Ins. Co.**

19410

INSURER C: **American Int'l Specialty Lines**

26883

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	EG6538493	07/02/2008	07/02/2009	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 25,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					
B		AUTOMOBILE LIABILITY	CA5677907	07/02/2008	07/02/2009	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/>	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	HIRED AUTOS					
		NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
C		EXCESS/UMBRELLA LIABILITY	6544289	07/02/2008	07/02/2009	EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 5,000,000
							\$
	<input type="checkbox"/>	DEDUCTIBLE					\$
	<input checked="" type="checkbox"/>	RETENTION \$ 10,000					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A		OTHER POLLUTION LEGAL LIABILITY- CLAIMS MADE BASIS	EG6538493	07/02/2008	07/02/2009	EACH LOSS LIMIT:	\$ 1,000,000
						GENERAL AGGREGATE:	\$ 2,000,000
						DEDUCTIBLE:	\$ 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

FOR INFORMATION/BIDDING PURPOSES ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Patricia Schmalztz/TRISHA

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980** ✓

Form Approved
OMB No. 2125-0074

Issued to **HOWCO ENVIRONMENTAL SERVICES**

of **SAINT PETERSBURG, FL 33713**

Dated at **BERKELEY HEIGHTS, NJ**

this **2ND** day of **JULY**, 2008

Amending Policy No. **CA 5677907**

Effective Date **07/02/2008**

Name of Insurance Company **COMMERCE AND INDUSTRY INSURANCE COMPANY**

Telephone Number **908-679-3000**

Countersigned by


Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by " ☒ ", for the limits shown:

- ☒ This insurance is primary and the company shall not be liable for amounts in excess of \$ **1,000,000** for each accident.
- ☐ This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Highway Administration (FHWA) or the Interstate Commerce Commission (ICC), the company agrees to furnish the FHWA or the ICC a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FHWA or the ICC, to verify that the policy is in force as of a particular date. The telephone number to call is: **908-679-3000**.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the ICC's jurisdiction, by providing thirty (30) days notice to the ICC (said 30 days notice to commence from the date the notice is received by the ICC at its office in Washington, D.C.).

DEFINITIONS AS USED IN THIS ENDORSEMENT

ACCIDENT includes continuous or repeated exposure to conditions which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

MOTOR VEHICLE means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

BODILY INJURY means injury to the body, sickness, or disease to any person, including death resulting from any of these.

ENVIRONMENTAL RESTORATION means restitution for the loss,

damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

PROPERTY DAMAGE means damage to or loss of use of tangible property.

PUBLIC LIABILITY means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Highway Administration (FHWA) and the Interstate Commerce Commission (ICC).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or

violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately, to each accident, and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

The Motor Carrier Act of 1980 requires limits of financial responsibility according to the type of carriage and commodity transported by the motor carrier. It is the MOTOR CARRIER'S obligation to obtain the required limits of financial responsibility.

THE SCHEDULE OF LIMITS SHOWN ON THE REVERSE SIDE DOES NOT PROVIDE COVERAGE.

The limits shown in the schedule are for information purposes only.

SCHEDULE OF LIMITS
Public Liability

Type of Carriage	Commodity Transported	Minimum Insurance
(1) For-hire (in interstate or foreign commerce).	Property (nonhazardous)	\$ 750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce).	Hazardous substances transported in cargo tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Class A or B explosives, poison gas (Poison A), liquefied compressed gas or compressed gas; or highway route controlled quantity radioactive materials.	5,000,000
(3) For-hire and Private (in interstate or foreign commerce; in any quantity) or (in intrastate commerce; in bulk only).	Oil listed in 49 CFR 172.101, hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	1,000,000
(4) For-hire and Private (in interstate or foreign commerce)	Any quantity of Class A or B explosives, any quantity of poison gas (Poison A), or highway route controlled quantity radioactive materials.	5,000,000

Note: The type of carriage listed under (1), (2), and (3) apply to vehicles with a gross vehicle weight rating of 10,000 pounds or more. The type of carriage listed under number (4) applies to all vehicles with gross vehicle weight rating of less than 10,000 pounds.

SCHEDULE OF LIMITS
Public Liability

For-hire motor carriers of passengers operating in interstate or foreign commerce

Vehicle Seating Capacity	Minimum Insurance
(1) Any vehicle with a seating capacity of 16 passengers or more.	\$ 5,000,000
(2) Any vehicle with a seating capacity of 15 passengers or less.	1,500,000

By signing below, the President and the Secretary of the Insurer agree on behalf of the Insurer to all the terms of this policy.

Joseph R. Boren

President
COMMERCE AND INDUSTRY INSURANCE COMPANY

Elizabeth M. Tuck

Secretary
COMMERCE AND INDUSTRY INSURANCE COMPANY

This policy shall not be valid unless signed at the time of issuance by an authorized representative of the Insurer, either below or on the Declarations page of the policy.

Harry Q. Varnum

Authorized Representative

Section One

Daily Paperwork

Pre-Printed Manifest

Handwritten Manifest

Daily Vehicle Inspection Reports

Daily Trip Logs (Vac-Trucks and Tanker-Trucks)

Drum Labels

Daily Drum Receiving Report

Daily Recovery Receiving Report

It is very important to fill out all information on the **Printed Manifests**, as these are what we use to bill the customers for our services. You must be careful to record the amount of product on the correct line item and in the Quantity field. You should also write the proper unit in the Unit field (Gls, Each, Drum...etc). For Absorbent make a note on the manifest if it is a pick up, drop off, or Rotation. We charge different for rotations (pick up one used and drop off one new) than we do for picking up a used or dropping off a new absorbent. In the Comments section read the notes to see what service is to be performed. In this space you will also see what analyticals are approved and if the account is monthly or exempt. If there is no analytical approved for abs or antifreeze then you cannot pick up that product. If the account is not monthly or exempt they must be charged a stop charge, unless it is a call in which will get a call in charge. As you can see from the example on the next page, this account declined ABS and Antifreeze testing on 07/98. However, on 05/24/2001 they had the Antifreeze tested and it was approved. This means that the 150 gls of Antifreeze can be picked up but the ABS rotations cannot. At this point you should contact the person who took the call, SBA, and verify that no analytical has been done on the ABS.

You must record the arrival time, depart time, method of payment, and P.O. number if required. After signing your name and employee number, date, and truck number, you must record any drums that still need to be serviced, whether it passed or failed the sniffer test and have the customer sign the manifest. This information must be filled out on both manifests. One goes to the customer and the other comes back to the facility.

On **Handwritten Manifests** you must call either your dispatcher or customer service for a computer generated manifest number. This number must be written on your handwritten manifest along with the account number, site number, Bill To name and address, and Generator/Customer name and address. From this point you will follow the guidelines for a Printed Manifest.

Section Two

Testing Procedures

Sniffer Test

Dexil Test



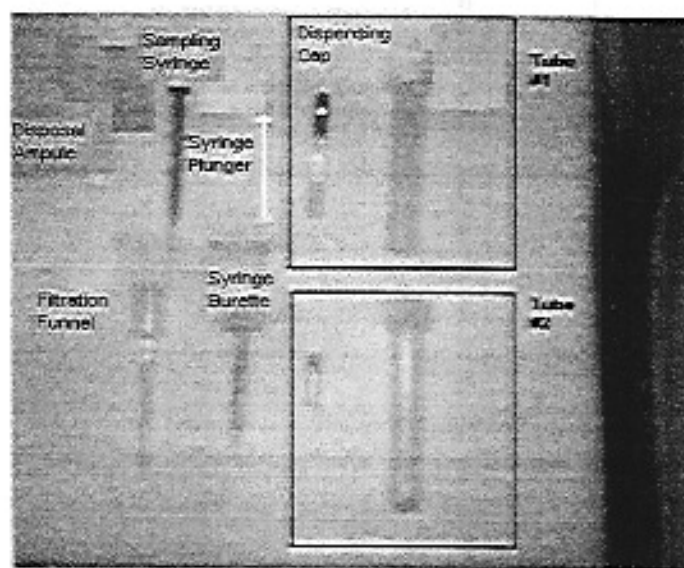
The Halogen Sniffer tests for halogenated compounds such as chlorinated parts cleaners, PCB's, etc. When you first turn the sniffer on it sets itself to the air being pulled through the hose end at that moment. So you must calibrate the sniffer with a solution that is prepared in the lab. This solution is mixed to a concentration of 900 PPM, cut off for non-haz is 999. No product can be brought back into Howco's facility higher than 999 PPM. Public drop off locations are allowed higher limits by the state, check with your supervisor for instructions with these types of accounts.

To Calibrate The Sniffer

you must place the hose end approximately $\frac{1}{4}$ inch above the open solution container, careful not to get the hose end wet with the solution. Make sure you are not in close proximity to the product you are testing, if the wind is blowing the vapors in your direction you will not get accurate readings. Turn on the sniffer and wait for 5 seconds, this ensures that the sniffer gets a good flow of air to calibrate with. Take the sniffer over to the product you are testing and place the hose end approximately $\frac{1}{4}$ inch above the product, careful not to get the hose end wet with the product. If the product is at or below 900 PPM the audible tones will remain at the same speed and volume. If the product is above 900 PPM the audible tones will get faster/louder. At this point you should advise the customer that his oil has tested within 100 PPM of being haz with the sniffer. Ask the customer if he would like you to do a DEXIL test, for a charge. The Dexil is more accurate and gives actual PPM's.

To Test The Sniffer you should turn the sniffer on in the open air and wait 5 seconds. This calibrates the sniffer to ambient air, which should be only a few PPM's at best. Take the top off of the sniffer solution and place the hose end approximately $\frac{1}{4}$ inch above the open solution container, careful not to get the hose end wet with the solution. The audible tones should get faster/louder. If they don't you need to let your supervisor know so they can have yours repaired.

On the Right, you can see the contents of the Dexil Kit broken down. The following instructions will refer to the parts as they are labeled here. It is very important that you pay attention to which tube you are using. If you confuse the tubes the test will not work. If you go to a stop and the product fails the sniffer test you must get authorization from the customer to do a Dexil Test. There is a charge for this test and the customer must be made aware of this. You should inform the customer that the sniffer puts us in a ball park range of 900 ppm and the Dexil Test will give us more precise results. The results from the Dexil Test should be recorded on the Manifest.

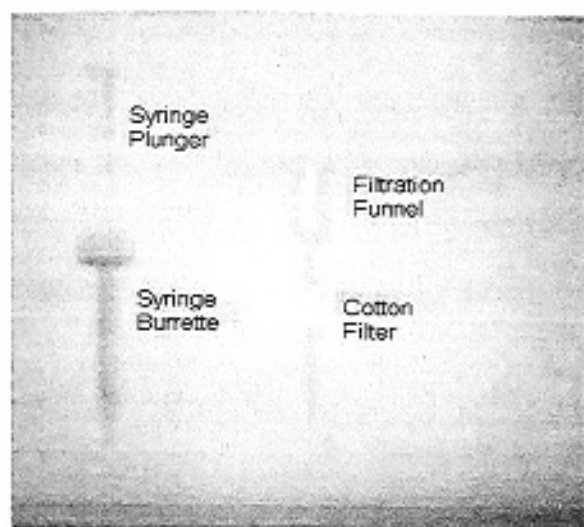


Contents of DEXIL Kit

First you will place the two tubes in the holders on the front of the Dexil Box and remove the dispensing cap from Tube #1. Next work the Sampling Syringe back and forth to ensure that it moves freely. Now place the tip of the Sampling Syringe into the product and pull back on the plunger until it stops, be sure to wipe off any excess product from the syringe. Place the tip of the syringe into Tube #1 and push down on the green plunger. This will push the product into Tube #1. Replace the dispensing cap onto Tube #1.

Inside the tube you will see two ampoules, the lower (colorless) and the upper (Gray with yellow dot). Break the lower (colorless) ampule by squeezing the sides of the tube and mix the contents by shaking the tube for 30 seconds. Now break the upper (gray with yellow dot) ampule by squeezing the sides of the tube and mix the contents by shaking the tube for 20 seconds. For the next 40 seconds shake the tube about intermittently.

You will now need to remove the tops from Tube #1 and Tube #2. Pour the clear liquid from Tube #2 into Tube #1 (leaving only the colored ampule in Tube #2). Replace the dispensing cap onto Tube #1 and shake vigorously for 10 seconds. Partially unscrew the dispensing cap to vent off the gases and then retighten the cap. Now shake vigorously for an additional 10 seconds. Partially unscrew the dispensing cap to vent off the gases and then retighten the cap. Now stand the tube upside down (on its cap) and wait for two minutes. During this time you will notice the sample separating into phases. It is very important to keep Tube #1 upside down so that the phases do not re mix. While you are waiting you can start to ready the other tube for the rest of the test.



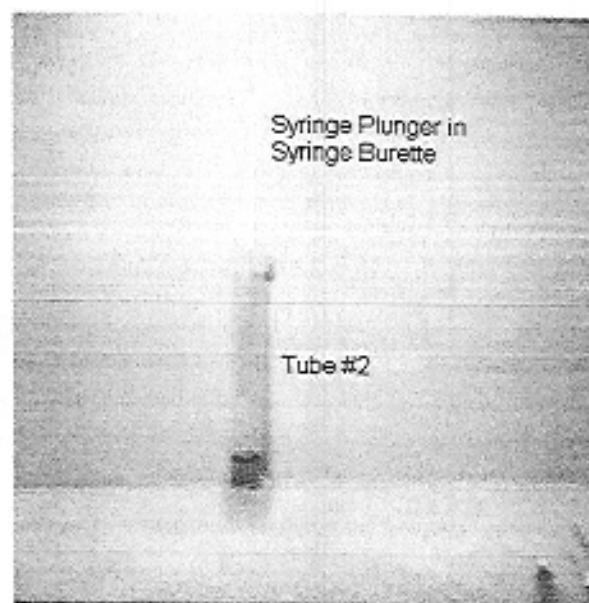
Assembly of Parts

Place the Syringe Plunger (white) into the top of the Syringe Burette. Now twist off the plastic tip of the Syringe Burette. Place the Filtration Funnel in to Tube #2.

While holding Tube #1 upside down over the Filtration Funnel open the nozzle on the dispensing cap. Squeeze Tube #1 until the liquid reaches the 5ML Mark. Remove Tube #1 and the Filtration Funnel.

Take the Syringe Plunger in the Syringe Burette and screw the cap onto Tube #2. Break the colored ampule by squeezing the sides of the tube and shake gently for 10 seconds. Slowly depress the Syringe Plunger a little at a time while gently shaking Tube #2 until the solution turns to a light purple. Once it turns light purple read the numbers on the Syringe Burette where the Syringe Plunger stopped. This is your total halogen count.

Once you have recorded the number on the manifest fully depress the Syringe Plunger, pour the remaining liquid from Tube #1 in to Tube #2 and drop the Disposal Ampule into Tube #2. Break the Disposal Ampule by squeezing the sides and shake for 15 seconds. You may now dispose of the Dexil Kit.



Testing Sample